U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only Rec'd AUG 10 2005 E READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
1. File Number U -	2. Fiscal Year Covered From:
V	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Brian McElhoney	Name Local 813 I.B.T.
	Labor Organization File Number 036-119
P.O. Box, Bldg., Room No., if any c/o Local 813 I.B.T.	P.O. Box, Building and Room Number, if any Suite 600
Street 45-18 Court Square, Suite 600	Street 45-18 Court Square
City Long Island City	City Long Island City
State New York ZIP Code +4 11101-4347	State New York ZIP Code + 4 11101-4347
5. Position in labor organization. Vice President	
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	sions set forth in the instructions): derived income or other economic benefit of
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4 ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of I submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	ing documents), has been examined by the signatory and is, to the best of the
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Name of Person Filing Brian McElhoney	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Local 813/1034 Severance&Retirement Tr. Fund	9. Business deals with: a. Labor Organization
P.O. Box, Bldg., Room No., if any Suite 600	b. Trust
Street 45-18 Court Square	c. Employer
City Long Island City State New York ZIP Code + 4 11101-4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Related Local 813/1034 Severance & Retirement Trust Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$2,604,616
5	· · · · · · · · · · · · · · · · · · ·
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	600,000,000,000,000,000,000,000,000,000
* Suppression of the control of the	12.a. Nature of interest held or income received.
* Suppression of the control of the	12.a. Nature of interest held or income received. Attended IFEBP Orlando Educational Conference 12.b. Amount. \$3,457
State ZIP Code + 4	12.a. Nature of interest held or income received. Attended IFEBP Orlando Educational Conference 12.b. Amount. \$3,457
State ZIP Code + 4	12.a. Nature of interest held or income received. Attended IFEBP Orlando Educational Conference 12.b. Amount. \$3,457 er parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received. Attended IFEBP Orlando Educational Conference 12.b. Amount. \$3,457 er parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received. Attended IFEBP Orlando Educational Conference 12.b. Amount. \$3,457 er parts A and B above) or other thing of value.
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.a. Nature of interest held or income received. Attended IFEBP Orlando Educational Conference 12.b. Amount. \$3,457 er parts A and B above) or other thing of value.

Name of Person Filing Brian McElhoney	File Number U-

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 600	b. Trust	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Control of the Control of th	Related Local 813/1034 Severance & Fund	Retirement Trust
Trade Name, if any:		The second secon
P.O. Box, Bldg., Room No., if any		A CONTRACTOR OF THE CONTRACTOR
Street		
* Control Constitutes con commental prints and discontrol control cont		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	andana kadean masken kanan kanan Kanan kanan ka
	Attended Trustee Meeting-Parking E	xpense
		Service Control of the Control of th
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	12.b. Amount.	\$28

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 600 Street 45-18 Court Square	a. Labor Organization b. Trust c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	Related Local 813/1034 Severance & Fund 11.b. Approximate dollar value of such dealing.	Retirement Trust
	12.a. Nature of interest held or income received.	P2,004,010
	Interview Prospective Vendor - Meeti Reimbursement	ing Expense
	12.b. Amount.	\$34

Name of Person Filing Bri	an McElhonev
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File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 600	b. Trust	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	erents.
Name (Related Local 813/1034 Severance & Retirement Trus	L
Trade Name, if any:		de company and
P.O. Box, Bldg., Room No., if any		- Anna Anna Anna Anna Anna Anna Anna Ann
Street		descendance control of
		Manage Comment
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,604,61	6
	12.a. Nature of interest held or income received.	00/46
	Attended Trustee Meeting - Parking Expense Reimbursement	AMAN ANY ANY ANY ANY ANY ANY ANY ANY ANY A
		MANUFACTOR CONTROL OF THE PARTY
		AND SALES AND SA
		1
	12.b. Amount. \$2	ರ

Name of Person Filing	Brian	McElhoney
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File Number U-

Part B Continuation Page

8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severan	ce&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suit	e 600	b. Trust	
Street 45-18 Court Square	an ta da anta a ta da anta anta da anta Contra anta da	c. Employer	
City Long Island City			
State New York	ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or em		11.a. Nature of such dealing.	
Name		Related Local 813/1034 Severance & Fund	Retirement Trust
Trade Name, if any:			54. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
P.O. Box, Bldg., Room No., if any			SERVICE CONTROL OF THE CONTROL OF TH
Street			The second secon
	ann ann an an an ann ann ann ann ann an		
City			
State (ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
		12.a. Nature of interest held or income received.	ettivistavistavistikastista ilikuisukaneena vuonna voona suona suona suona suona suona suona suona suona suona
		New Office Space Search - Meeting Reimbursement	Expense
		12.b. Amount.	\$28

Name of Person Filing Brian McElhoney	File Number U -	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 600	a. Labor Organization b. Trust	
Street 45-18 Court Square City Long Island City	c. Employer	
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Related Local 813/1034 Severance & Fund	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received. Attended Local 813/1034 Severance Trust Fund 2004 Christmas Party	& Retirement
	12.b. Amount.	\$87

Name of Person Filing Brian McElhoney	File Number U -
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8. Name and address of Business (including	ing trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund		S a Labor Organization	
Trade Name, if any:		a. Labor Organization	
P.O. Box, Bldg., Room No., if any Sutie	2 600	b. Trust	
Street 45-18 Court Square		c. Employer	
City Long Island City		havenessed.	
	ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or empl	· September Company (September C	11.a. Nature of such dealing.	
Name	deposit of manner.	Related Local 813/1034 Severance & Fund	Retirement Trust
Trade Name, if any:			**************************************
P.O. Box, Bldg., Room No., if any			
Street			
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	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
		12.a. Nature of interest held or income received.	
		Registration for 2005 IFEBP Orlando	Educational
			anne anne
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			No.

		12.b. Amount.	\$1,530